

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035496

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 74

Primary Registration District No. 5295

Registrar's No. 48

FILED OCT 8 1963

VS 304
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Plattsburg

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Plattsburg Nursing HomeInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clinton

c. CITY
OR
TOWN

Cameron

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
N. Cherry St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
VidaMiddle
BlancheLast
Rolfe4. DATE
OF
DEATHMonth
SeptDay
26Year
1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept. 9 1883 80Yr's

9. AGE (last birthday)

80Yr's

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Cameron Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

David K. Harper

13b. MOTHER'S MAIDEN NAME

Eliza O'Donnall

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Dordie Bowen Cameron Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
/ PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Transition

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease-condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1963 to 9-26-63 and last saw her alive on 9-25-63
Death occurred at 3:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
or other disposition (Specify)

23b. DATE

Sept. 28 1963

23c. NAME OF CEMETERY OR CREMATORY

Evergreen

23d. LOCATION (City, town, or county)

Cameron Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Poland Funeral Home Cameron Mo.

25. DATE RECD. BY LOCAL REG.

10-3-63

26. REGISTRAR'S SIGNATURE

Mary W. Seearce

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence J. Thompson

Licensed Embalmer No. 4785

P. O. Address Cameron, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.